

MDR Tracking Number: M4-03-5892-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-24-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 64499 and 99213.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-13-02	64999	\$248.00	\$0.00	N, F	DOP	General Instructions GR (III)	DOP requirements were met, reimbursement of \$248.00 is recommended.
6-19-02 7-23-02	99213	\$73.00	\$0.00	N, R	\$48.00	Section 408.027(d)	The insurance carrier has not filed a TWCC21 with TWCC disputing relatedness of treatment to compensable injury; therefore, inappropriately denied based upon "R." The office visit reports do not meet criteria for billing level of service per MFG, no reimbursement is recommended.
6-14-02 8-12-02	64999	\$248.00	\$0.00	N, M	DOP	General Instructions GR (III) Section 413.011(d) Rule 133.307(g)(3)(D)	Per TWCC -60 \$103.00 in dispute. EOB indicates carrier paid \$152.00 for each date. The requestor did not support amount billed was fair and reasonable per statute, and additional reimbursement is not recommended.
11-2-02	64999	\$255.00	\$0.00	N, M	DOP		
TOTAL							The requestor is entitled to reimbursement of \$248.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (64999) in the amount of **\$248.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$248.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division